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CLAIMS ONLY							Application Number 09/526,299		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2		1					52				
3		X					53				
4							54				
5	1						55				
6							56				
7	1						57				
8		1					58				
9							59				
10		1					60				
11							61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16	1						66				
17		1					67				
18	1						68				
19		1					69				
20	1						70				
21		1					71				
22	1						72				
23		1					73				
24	1						74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	8						Total Indep				
Total Depend	19						Total Depend				
Total Claims	27						Total Claims				